

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 583227

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1			
2		/	1			
3	/		1			
4	/		1			
5	/		1			
6	/		1			
7	/		1			
8	/		1			
9	/		1			
10	/		1			
11	/		1			
12	/		1			
13	/		1			
14	1		1			
15	/					
16	1		1			
17	1		1			
18	1					
19	1					
20	1					
21	2					
22	6					
23	1					
24	1		1			
25	2		1			
26	2		1			
27	1		1			
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
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36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42						
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44						
45						
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47						
48						
49						
50						
TOTAL IND.	22		5			
TOTAL DEP.	22	←	15	←		
TOTAL CLAIMS	44		20			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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95						
96						
97						
98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.		←		↓		
TOTAL CLAIMS				←		